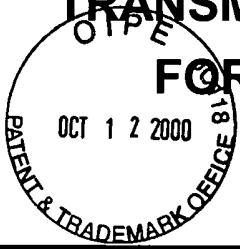
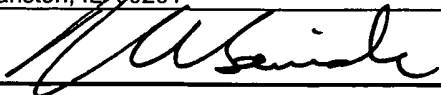
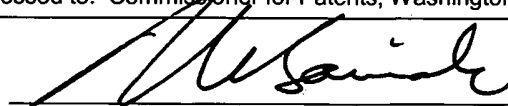


<b>TRANSMITTAL FORM</b> 	Attorney Docket No.	3212/3
	Application Number	09/589,253
	Filing Date	June 7, 2000
	First Named Inventor	Kerimcan Engin
	Group Art Unit	2761
	Examiner	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment Under Rule 1.312(a) / Response to Restriction/Election Req.  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request (duplic), \$ _____ fee <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Notice of Appeal to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input checked="" type="checkbox"/> Post Card Received              RECEIVED              OCT 13 2000              MAIL ROOM           </div>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

### CALCULATION OF FEE

				Small Entity		Not Small Entity	
	Claims After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		x \$9=		x \$18=	
Indep.		Minus		x \$39=		x \$78=	
First Presentation of Multiple Dep. Claim				+\$130=		+\$260=	
				total add'l fee		total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Michael H. Baniak Registration No. 30,608 BANIAK NICHOLAS PINE & GANNON 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature		Date	October 9, 2000
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: September, 2000			
Signature		Date	October 9, 2000
Michael H. Baniak			